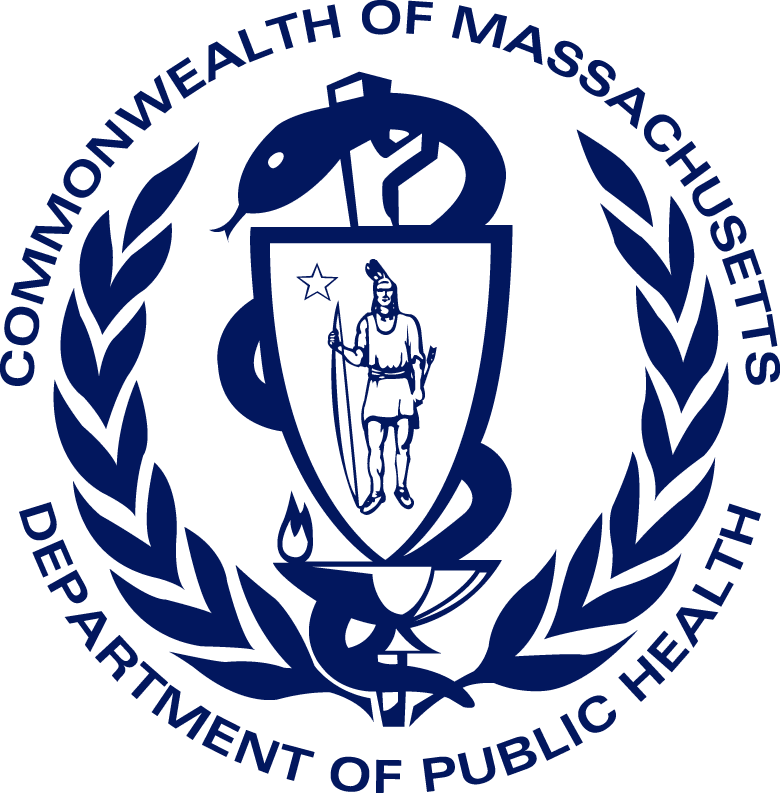
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|  | **2014** |



**IX. Hospital Evacuation plan checklist**

**MDPH HOSPITAL EVACUATION TOOLKIT**

**Hospital Evacuation Plan Checklist**

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|  | INITIAL DECISION MAKING AND INCIDENT MANAGEMENT |
|  | **Assessment of Initial Priorities**  Following notification of a threat and/or disaster event, does your plan specify: |
|  | How a threat assessment is being performed? |
|  | Who is assessing critical infrastructure and key resources? |
|  | How to automatically conduct & submit unit-level situation and/or damage reports to hospital leadership? |
|  | The trigger for units to submit damage reports? |
|  | Who is compiling the damage reports and how long it will take? |
|  | How long it will take to perform an assessment of the hospital’s operational capabilities? |
| Establishment of Incident Command Structure  Does your plan specify: | |
|  | How you will rapidly compile, verify, and share information/reports? |
|  | When you will need your first Incident Action Plan (IAP) to be completed? |
| Determination of Evacuation Trigger Points and Type of Evacuation  Does your plan specify: | |
|  | Specific trigger points that you will use to decide whether to evacuate? |
|  | Formalized “pre-evacuation” stages with defined actions? |
|  | Any alternatives to evacuation that you can use? |
|  | Distinct types of evacuation? (Pre-evacuation staging, single unit, multi-unit, single/multiple buildings, entire campus) |
|  | How each evacuation stage is triggered? |
| Authority to Make Evacuation Decisions  Does your plan specify: | |

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| * If the staff or any other designated personnel have the authority to completely vacate an adjacent (unaffected) unit in case of a possible immediate life threat (e.g. fire) if they perceive an impending threat? |
| * A predefined location to evacuate to? |
| * If multiple units are competing for the same location, how to resolve this? |
| * Someone on-site 24/7 who has the authority to order a partial or full evacuation? |
| * If the CEO/Board of Directors reserve the right to overrule operational decisions? |
| * What input/influence outside agencies will have on hospital decisions (State or local health department, State or local emergency management authority, EMS, local fire command)? Can external agencies overrule a hospital’s decision to shelter in place? |
| * How a dispute between the local fire department and hospital administration would be resolved if the hospital disagreed with a specific portion of the evacuation order/recommendation? |

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| Contact with Local Public Safety Incident Command System(s), Surrounding Communities, & Other Response Partners  Does your plan specify: | |
|  | Mechanisms to use in sending/receiving information from local public safety and local public health representatives? |
|  | Types of information you need from local public safety and local public health representatives? |
|  | The type of information you are sending them, the format you are using and when you are sending it? |
|  | Which other response partners with whom you will be communicating? |
|  | How you will be communicating with other response partners? |
|  | What specific information you need from other response partners? |
|  | What information you need to share with other response partners? |

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| EVACUATION OPERATIONS | |
| Primary Operational Objectives in Conducting a Rapid Response Hospital Evacuation  Does your plan specify: | |
|  | Your primary operational objectives? |
|  | How these objectives are communicated to staff? |
|  | Which section of your IC structure is primarily responsible for each objective? |
| Hospital Departments Involved in the Operation  Does your plan specify: | |
|  | The respective roles of hospital departments involved in evacuation operations? |
|  | Roles for departments not directly involved in evacuation? |
| Roles of Partner Agencies  Does your plan specify: | |
|  | The operational support your partner agencies can be expected to offer? |
|  | The specific resources available to you from your partner agencies? |
|  | How soon the external assets will be expected to be available? |
| Primary Methods of Communication  Does your plan specify: | |
|  | Your primary methods of internal and external communication? |
|  | How you will communicate the evacuation decision to staff, patients, and families? |
|  | How you will communicate changes to the plan as they occur? |
| Establishment of Appropriate Security  Does your plan specify: | |
|  | The priorities (in order) for hospital security at the outset of evacuation operations? |
|  | If there are adequate resources to maintain security at all operational sites? |
|  | Additional options for security and crowd control other than local law enforcement? |
|  | How these resources be will accessed and who has authority over them? |
|  | How this will be coordinated and supervised? |
|  | How traffic will be managed? |
|  | If discharge/egress routes will be segregated from transfer departures? |
|  | Alternate routes for both? |
|  | How you will maintain security for special patient populations?  ❑ Infants ❑ Children ❑ Psychiatric patients ❑ Prisoners |
| Triage and/or Prioritization for Evacuation  Does your plan specify: | |
|  | Uniform and specific standards for triage within the institution? |
|  | If triage standards are known to providers? |
|  | If the units should perform and report a manual patient census prior to evacuation? |
|  | How and to whom the units report the result of census performed? |
|  | How evacuation triage is prioritized: acuity, mobility status (stretcher-bound/wheelchair/ambulatory), location of the unit within the hospital, availability of a known transfer destination or some combination? |
|  | Who (specifically) will be tasked with making triage decisions? |
|  | If the people making triage decisions received any formal training in the evacuation plan or evacuation triage? |
|  | A framework for ethical decision-making related to triage? |
|  | Mechanisms for resolving disputes over triage within the facility? |
|  | How triage information will be compiled and incorporated into IAPs? |
|  | Mechanism to allow for re-triage and resuscitation if necessary if patients deteriorate during evacuation (or while waiting)? |
|  | How triage tactics will change if your elevators were not operational? |
|  | How medical equipment is prioritized for evacuation? |
|  | How you will compile a list of the number of available equipment assets (e.g. portable cardiac monitors, portable ventilators, oxygen cylinders, suction machines, IV pumps with battery, etc.) and the location of those assets? |
|  | How you will ensure that the available equipment is matched to the evacuating patients? |
|  | Situations where portable medical equipment is allowed to leave the institution? |
|  | How patients are prepared for transfer? |
|  | If patients receive a supply of needed medications for the next 8-12 hours to support them during transfer? |
|  | If a copy of the patient’s medical and medication record, and radiography, physically accompanies the patient? |
|  | A mechanism to instruct EMS and receiving facilities on the important therapies the patient may need over the next 8-12 hours? |
| Patient Tracking System (including patient records)  Does your plan specify: | |
|  | Multiple check-in/check-out data collection points throughout the evacuation process? |
|  | How check-in/check-out data are collected and reported centrally? |
|  | How tracking information will be available to the patient’s treating clinicians? |
|  | How tracking information will be available to the patient’s family? |
|  | If the patient tracking system is adaptable to adverse conditions (i.e. paper-only if there is no electricity)? |
|  | Who is responsible for compiling/securing patient records? |
|  | How the tracking system used for evacuation integrates into existing EMS patient tracking tools (MCI based)? |
| Patient Destination Planning  Does your plan specify: | |
|  | How transfer beds will be identified and secured for evacuated patients? |
|  | Who will carry out the task of finding beds, apart and separate from patient tracking activities? |
|  | How point-to-point communication will occur between hospitals? |
|  | Who is expected to be the point of contact at the other hospitals? |
|  | Redundancies in knowing the patient’s destination? |
|  | If there is a preference for hospitals within your network (if applicable) when determining patient destinations? |
|  | Measures in place for the special patient populations in your hospital that need a special type of hospital for transfer (i.e. Level II nursery, burn center, tertiary hospital, etc.)? |
|  | The role of EMS in destination planning? |
|  | The role of local public health in destination planning? |
|  | The role of DPH in destination planning? |
|  | How the hospital IC structure will coordinate/communicate with the relevant external agencies (DPH, EMS) during the evacuation? |

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| Patient Staging (Assembly Point)  Does your plan specify: | |
|  | Patient staging for all or a majority of the patients outside of the main hospital building(s)? |
|  | If the patient staging site is usable year round? |
|  | If the staging site has sufficient access to emergency electrical power for medical equipment? |
|  | Supplying the staging area with extra medications (and possibly a pharmacist) if new medical needs arise? |
|  | A resuscitation area within the staging location if patients destabilize during transfer? |
|  | Ready access to medical supplies (i.e. IV fluids) and oxygen for resupply of critical patient care needs at the staging site? |
|  | How patients will receive ongoing care during evacuation (i.e. medications, fluids, etc.)? |
|  | Special measures are in place for acute or critically ill patients? |
|  | Special measures in place for pediatric (including neonatal) patients? |
| Patient Discharge  Does your plan specify: | |
|  | How staff oversee the process (centralized vs. decentralized) of discharge? |
|  | Where patients will be assembled while awaiting family/transport after discharge? |
|  | A main assembly point for processing evacuees once they have departed the care units? |
|  | A mechanism to discharge patients who simply leave the hospital during an evacuation and how such patients are noted? |
| Patient Movement and Support  Does your plan specify: | |
|  | Who will carry out the physical moving of patients from the units to the Assembly Point/egress? |
|  | How routes will be established/marked and monitored for back-ups? |
|  | If there are outdoor transit/exposure issues associated with routes? |
|  | Mechanism in place for patient movement if the elevators are not operational? |
|  | How will the mobility level of patients be assessed? Who can decide if an appropriate day to day ambulatory level cannot be considered ambulatory in an emergency? |
|  | If you own special equipment for stair transport of stretcher-bound patients? |
|  | If your staff is trained to “package” a patient with all necessary medical equipment for stair transports? |
|  | If those expected to manually transport the patients down the stairs have practiced this transport? |
|  | How long full evacuations by stairs take? |
|  | How you will communicate with the floors to let them know when to evacuate? |
|  | If the floors leave when possible, or if they must wait for a central order? |
|  | How long you expect most patients to be in transit from original bed to destination bed? |
|  | If the oxygen, medication, etc. and other patient supplies will last for the longest anticipated transit time? |
|  | If EMS is expected to meet the patient at the curb or a staging area, or they are to come to the floors to pick up patients? |
|  | How EMS knows the destination of the patient? |
|  | If hospital medical staff (MD, RN, RT, etc.) are expected to accompany certain patients to their destinations and how they will return to the main campus? |
|  | If your hospital medical staff is able to practice at other hospitals (pay, liability, etc.)? |
| Resources Needed for Evacuation Operations  Does your plan specify: | |  |
|  | The additional equipment you require? |
|  | How resources are being tracked and located as they are used? |
|  | Who is managing the labor pool? |
|  | The labor needs at this time? |
|  | Staff capable of performing heavy physical labor? |
|  | Methods for addressing staff mobility issues? |
|  | Methods of patient transport that will be utilized to execute transfers? |
|  | With whom you are coordinating regarding the transport of patients (CMED, local EMS/Fire)? |
|  | Roles other agencies will play in the hospital evacuation? |
|  | How other agencies will be coordinated? |
|  | If the outside agencies have adequate resources available to assist? |
|  | The support outside agencies can offer? |
|  | If your organization has enough resources? |
|  | The Mutual Aid Agreements that are in place to support this kind of operation? |
|  | Whom you would turn to for assistance and have you coordinated with them about this? |
|  | How patient and staff safety will be monitored during operations? |
|  | Who stays behind to secure the hospital? |
|  | A checklist of items that need to be secured (i.e. pharmacy, utilities, etc.)? |
|  | Source of the personnel and how long will they are available to be committed? |
|  | The plan to handle shift changes? |

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| Recovery | |
|  | **Recovery Objectives**  Does your plan specify: |
|  | Your recovery priorities? |
|  | Who determines the recovery priorities? |
|  | **Process of Reopening the Facility**  Does your plan specify: |
|  | Who has the authority to reopen the facility? |
|  | Who is involved in the reopening process? |
|  | The process to make this happen? |
|  | Defined triggers for reopening? |
|  | The process you will use to appraise the status of your hospital? |
|  | The functions that must be in place before you can return? |
|  | The resources that are needed for re-entry efforts? |
|  | If it is possible to return to the hospital before the facility is fully operational? |
|  | The security considerations that will be factored into the decision to reopen the hospital? |
|  | If you have enough resources/personnel to assist in the recovery? |
|  | **Communication During Recovery**  Does your plan specify: |
|  | Who you are communicating with at this point in time? |
|  | How hospital staff will be notified about the reopening? |
|  | How you will notify the public that the hospital is reopened for business? |
|  | What role partner agencies will play in repopulating the hospital facility? |
|  | What process will be followed to reconstitute the local response capability? |